shou	NOI		
YSICIANS	OCCUPAT		
PH	t of		
d. BEvery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION		
stated E	Exact		
ald be s	assifled.		
shot	ly cl		
AGE	proper		
supplied.	may be	6	
arefully	that It	important. See instructions on back of certificate.	
be c	80	k of	
pinous	terms	on bac	
nation	in plain	uctions	
Infori	EATH	z Instr	
T of	FD	Sec	
Iten	E O	tant.	
Every	CAUS	Impor	

state

0 0

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.;....Ward) a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. 1918 WIDOWED, / (Day) (Month) (Year) Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place io the OF MOTHER of death _____ yrs. ___ mos. . (State or country State ____ yrs. ___ Where was disease contracted. If not at place of death?-Former or (Informant) usual residence. OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -H;art failure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ample: Mcastes (disease causing death), 29 eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HUNGELVED
JUN 7 1918
BUREAU, V.S.

RECORD PERMANENT S NX supplied. ADING UNF WITI PLAINLY

3

 \geq

Very Anne Churdel CERTIFICATE OF DEATH pino OCCUPATION Registration Dist. No. Ilf death occurred in PHYSICIANS Village or City. .Ward) a hospital or Institution. give its NAME instead of street and number.] ō MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. 191.3 WIDOWED. (Day) Write the word) attended dem classified. (Day) (Year) (Month) 7 AGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. pe business, or establishment to (Duration) may which employed (or employer) Contributory certificate. State or country) (Secondary) 10 NAME OF FATHER 20 0 ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions plai 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE r c At place In the OF MOTHER of death yrs. mos. ds. State or country State yrs. mos. ds. I DEAT Where was disease contracted. If oot at place of death? Sec 50 OF usuat residence portant. Every Ite DATE OF BURIAL 15 8 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

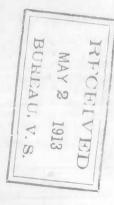
STATE OF MARYLAND

[Approved by U. 8, Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin.

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal schiichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronk ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchonneumonia (secondary), 10 ds. Never report -Heart fallure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

V. S. No. 1.

Village or City Asses police (No. Eac.) 2 FULL NAME Pulia a Ba	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ St.; Ward) St.; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Widowed, Widowed, ORDIVORCED (Write the word) 8 DATE OF BIRTH Mar 25, 1859.	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 190 g ov., 1910, to 64 g ov., 1913 that I last saw here allow on Africa 44 1913
(Month) (Day) (Year) 7 AGE 11 LESS than 1 day, hrs. 8 OCCUPATION (a) Trade, protession, or (a) Trade, protession, or recticular kind of work House wife	and that death occurred on the date stated above, at 12 397 m The CAUSE OF DEATH* was as follows:
particular kind of work	Contributory Puttag & Rontag (Beautage Labory (Buration) Resume Labory (Buration)
10 NAME OF FATHER David O Cantler 11 BIRTHPLACE OF FATHER (State or country) Houtford Co Ma 12 MAIDEN NAME OF MOTHER OF MOTHER MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Aurus Bauford (Address) Chrisapolis Ma,	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Apr. 17, 1913 Mushelch REGISTRAR REGISTRAR REGISTRAR	20 UNDERTAKEN ADDRESS ADDRESS Company of the Comp

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis of lungs, meninges, pertionaeum, etc..

cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vicmia," "l'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . ture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL scptichae _ (name origin; "Can-Examples:



Village or City Runafook (No. 105)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ Caller St.; 3 Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemple Color OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 8 DATE OF BIRTH March 25, 19/3	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1913, that I last saw here alive on 1913
7 AGE 2 Weeks yrs mos ds OR min.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds. Gontributory (Secondary) (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Annales of Mother (State or country) Annales of Mother (State or country)	(Signed)
(Informant) Elyabeth Blackslong (Address) DS Calvert 15	Where was disease contracted, If not at place of death? Former or usual residence
Flied April 9, 1913 Ams Welch REGISTRAR If more blanks are needed, address State Registra	20 UNDERTAKER ADDRESS A, Q, adams Amageolic Tr, 6 Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

statement. material worked on may form part of the second ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, the nature of the business or industry, and therefore an ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has For persons "Foreman," -Coal

Statement of cause of death—Name, first, the nibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ampie: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial mephritis nant neopiasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mailg ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably oma. Surcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

S. No. 1.

:

N. B.

1 PLACE OF DEATH 4580	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 2/
Village or City Junantown (No. West	St.; Sward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME Will a from	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Colored Single, MARRIED, WIDOWEO. ORDIVORCEO (Write the word)	16 DATE OF DEATH (Brohth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decease from
Month (Month) (Day) (Year)	that I last saw her alive on The last saw here alive of the last saw here alive on the last saw here a
TAGE Chout If LESS than t day, hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Interentors
(b) General nature of Industry, business, or establishment in which employed (or employer)	Several (Duration) yrs. mos. ds.
BIRTHPLACE (State or country) Annapolis My	Contributory (Secondary) (Duration) yrs dos ds
10 NAME OF Poteil Broshes	(Signed) Solan Ridont M. D.
11 BIRTHPLACE OF FATHER (State or country) a Co Ma 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF FATHER (State or country) a Co Ma	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
	TAL, SUICIDAL, OF HOMICIDAL. 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
of MOTHER (State or country) a Q Co Ma	At place In the of death yrs mos ds. State yrs mos ds
(Informant) And the Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Limantown Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed apl 19 1913 mismelch	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Branklin St. Balto. Regisering V S No. 1
11 more brand are bound, and both trees trees, v	The state of the s

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or indust y; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," 9

("Pneumonia," unqualified, is indefinite); Tubercupneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); Typhoid brospinal fever (the only definite synonym is "Epidemic ceretlme and causation), using always the same accepted causing prath (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc... for the same diseasc. meningitis"); Diphtheria (avoid use fever (never report "Typhoid Examples: Cerebrospinal

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of childbirth or miscarriage. as "Puerperal scptichaeinjury, as fracture of skull. and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 Accidental drowning; Struck by railway train-acct-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



b " .

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

stated EXACTLY.

should be

AGE

carefully supplied.

of inform

OF

CAUSE

œ

ż

WRITE

No.

Ø.

RECORD

	lage or City Shady Lide
Vil	lage or City or way or ce
	FULL NAME Still
	PERSONAL AND STATISTICAL PARTICU
3 SE	4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the W
B DA	TE OF BIRTH AM, 6
7	/(Month) (Day)
7 AG	Mose yrs. D mos. O.
(a) part (b) busin	CUPATION Irade, profession, or icular kind of work General nature of industry, ess, or establishment in h employed (or employer)
9 BII (St	RTHPLACE rete or country) Shady Lide, A. A.
	10 NAME OF Phillip Brow
ENTS	11 BIRTHPLACE OF FATHER (State or country) Makelis
PARE	12 MAIDEN NAME Alice Ander
	13 BIRTHPLACE OF MOTHER (State or country) Manylan
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNO
(Informant) Shuly Side

FLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME Instead

1 I down	0	or street a	ind number.
MEDICAL	CERTIFICATE OF	DEATH	
16 DATE OF DEATH	ikil (Month)	(Day)	, 1913 (Year)
17 I HEREBY	CERTIFY, That I		eased from
, 18	01, to	**********************	, 191
that I last saw hall	ve on	•••••••••••••••	, 191
and that death occurred o	n the date stated	above, at	n
8th month	1- birts	gusta	tión
***************************************	(Ouration)	yrsm	os d:
Contributory(Secondary)	₩₽₩₽₽₽ ₽ ₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	******	
(Signed) 40- J, Ahr. 7, 1913 (<i>U</i> . 0	yrsm	osd:
*State the DISHASE CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMI	is of injury: and	n deaths from (2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDENT	CE (FOR HOSPITALS.	INSTITUTIONS,	FRANSIENT
At place	In the		
Where was disease contracted,	ds. State	yrs, n	10S d:
If not at place of death?	***************************************	********************	*************
Former or usual residence			******************
19 PLACE OF BURIAL OF	REMOVAL	DATE OF BI	JRIAL
Inch teme	ury	spr. La	, 191
Dick Slo	tt'	ADDRESS .	Sid .

if LESS that 1 day, hrs

OR min. ?

(Year)

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

inaterial worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite safary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., applies to each and every person, irrespective of age mine, ecc. cases, especially in industrial employments, it is necness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, Farmer or Planter, The question For persons

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Tuerpenal scottichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis. nant neoplasms); Measles; Whooping rough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1918
BUREAU, V. S.

PHYSICIANS RECORD PERMANENT of of information DEATH in pi WRITE 10 Every item CAUSE OF important. m

4582 STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St: Ward) a hospital or Institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX MARRIED, WIDOWED. (Month) ORDIVERCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE 1 day hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, & deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE OF MOTHER At place In the yrs. .. State yrs. Where was disease contracted. It not at place of death? usual residence DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer—('oal of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purappeal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., dent; Revolver second of head-homicide; Polsoned such, if impossible to determine definitely. thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Branchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, neat neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED

PLACE OF DEATH 4588	STATE OF MARYLAND
Show Some to C.	CERTIFICATE OF DEATH
Gounty Thue Fruit	2h
le le	Registration Dist. No.
Village or City Treework (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Leva Catter	for of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruale While (Write the word)	16 DATE OF DEATH Abril (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
ang. 18 1896	191.2, to 190.2, 191.3,
(Month) (Day) (Year)	that I last saw h en allve on 1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 7.30 m.
6 yrs. 7 mos. 2 5 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION O	Carcenoma of cram.
(a) Frade, profession, or particular kind of work school carl	J
(b) General nature of Industry,	C
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Ind.	(Secondary) (Deration) yrs mes ds.
10 NAME OF Jacharioh Catteilou	(Signed) M. D.
State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Magge stamp.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Interment) Jacksrich Cotterlow	Former or
Garage Jack	usual residence.
(Address) — Deliver , Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Har 13, 1913 Alx Perrie	20 UNDERTAKER ADDRESS
REGISTRAR	W.O. Wilch Bright n. 1
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichaeby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-



W. B. No. 1.

important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County 9 9.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Mossowille (No	St.; Ward) [It death occurred in a hospitet or institution,
The last of the Ch	give its NAME instead of street and nomber.]
FULL NAMES COMMUNICATION	WILLOW NEW Y
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temele Mut Single, Married, Wiowed, Write the word	Month) (Day) (Year) 17 / HEREBY GERMFY, That A attended deceased from
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended to cased from 1913, to 7, 1913.
(Month) (Day) (Year)	that I last saw h. L. alive on A Jr 7 7 1913
7 AGE If LESS than	and that death occurred on the date stated above, atm,
/ yrs mos 10 ds. 1 day,hrs. or min. ?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, protession, or	Fron cho Incumonia
particular kind of work (b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duratieo) yts mos. 4 ds.
9 BIRTHPLACE (State or country) Bilemia	Contributory (Secondary)
10 NAME OF FATHER John So herming	(Signed) More Da Chorton, M. D.
V) 11 BIRTHPLACE	Apr 05, 1913 (Address) So. Baltimore Sta.
OF FATHER (State or country) 12 Maiden Name OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
2 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residents) At place of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piece of death?
(informant) wester 6 herrente	Former or
masonialle ms	19 PLACE OF BURIAL OR REMOVAL PA FOF BURIAL
(Address) A O O	Holy Cours CRA/11, 1913
Filed Abr 10=1913 Thous a Chorton My	ADDRESS ADDRESS
REGISTRAR	Human Granden 1904/ Skoulle

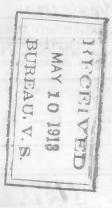
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," At home. As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraswhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of ... zer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing "Dropsy," (name origin; "Candeath), 29 ds. "Exhaustion," Never report For VIO-



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registered No [if death occurred to St:Ward) a hospital or institution, RECORD give its NAME instead et street and number. 7 MEDICAL CERTIFICATE OF DEATH PERMANENT SEX MARRIEO, WIDO (EO, ORDIVORCED (Write the word) (Day) 7 AGE If LESS than 1 day,hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Genoral nature of industry. business, or establishment in may which employed (or employer) -----State or country) (Secondary) 10 NAME OF FATHER 80 of terms, n back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, op in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country State _____ yrs. ___ mos. .. Where was disease contracted. If not at place of death?. Formersor osual residence. Important. CAUSE 15 DDRESS REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

0

[Approved by U. S. Census and American Public Health
Association.]

* statement. fication, as Day laborer, Farm laborer, Laborer—Coal cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisrase Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for genital," "Senile," etc.), "Cottapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For view "Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify ail diseases resulting from tetanus) may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



Village or City amofolio (No. 126	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ Registration Dist. No. 2/ [It death occurred a hospital or institution give its MAME instead
FULL NAME Girances Colm	now of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MODIFICATION 6 DATE OF BIRTH Sell-, (Month) (Day) (Year)	16 DATE OF DEATH
7 AGE 11 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Genoral nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Carmal, The land	(Buration) yrs. mos / English (Secondary) (Duration) yrs. mos dis
11 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Interment) John Colman (Address) 126 Calvart ST- Filed Apl 16, 191 3 Ams Melol REGISTRAR	Where was disease contracted, It not at place of death? Former or usual residence 19 place of Burial or Removal Cabruy Centl, 20 undertaker L. H.B. Parker & Son 92 West 8

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as statement. Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulmine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carein-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Puerperal septicharture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway trainmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Brenchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County and Grunde	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 23
Village or City Flarmus (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Manuel WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Widowed, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That J attended deceased from
7 AGE Comparison of the content o	that I last saw head alive on the date stated above, at 6 2 2 m, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 5 mos. ds. Contributory. (Secondary)
10 NAME OF FATHER Office Duffin Duffin OF FATHER (State or country) Many Carrol 12 MAIDEN NAME OF MOTHER Quith Osborne	(Signed) — mos. ds. (M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?
(Address). Harmans Md 16 Filed Abril 9, 191 Thomas Ab Branshaw Diptor Registrar If more blanks are needed, address State Registrar, 6	19 PLACE OF BURIAL OR REMOVAL LAWARD Ful JO,, 1910. 20 UNDERTAKER ADDRESS Bultum M E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or indust; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) return "Laborer," "Foreman," Salesman, For persons (d)

Statement of cause of death-Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

dent; Revolver wound of head-homicide: Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUESPERAL peritonitis," etc. childbirth or miscarriage, as "Puzzperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Collapse." "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. Bronchonneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of _ (name origin; "Can-State cause for Examples:



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH 4588	STATE OF MARYLAND CERTIFICATE OF DEATH
County 2000	
Village or City anapolis (No. 21)	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIOWED, WIOWED, OR OIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 18 1913 (Year)
6 DATE OF BIRTH Out. 16 , 1913 (Month) (Day) (Year)	that I last saw home alive on afroil 17, 1913
7 AGE It LESS than	and that death occurred on the date stated above, at 120 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	asphysia
business, or establishment in which employed (or employer)	(Ouration) yrs. / Most us.
9 BIRTHPLACE (State or country) Augustio Ma	Contributory (Secondary) (Buration yrs mos ds.
10 NAME OF SWilliam Davis 11 BIRTHPLACE	(Signed) M. D. M.
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Jola 13. Ward, 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs
(Informant) Me Watter Word	Where was disease contracted, It not at place of death? Former or usual residence
(Address). Chrispols Mg	19 PLACE OF BURIAL OR REMOVAL Clusterfield Ma Cyr., 191.3 20 UNDERTAKER ADDRESS
Filed. 1912 REGISTRAR If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the Disease Causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of childbirth or miscarriage. as "Purpural septichaeetc., when a definite disease can be ascertained as the "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Are affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senfle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING T. B. No. 1.

PLACE OF DEATH 4589	STATE OF MARYLAND
(), 11	CERTIFICATE OF DEATH
County Amarundel	2/
0 10 700	Registration Dist. No.
Village or City amakolio (No. 18	(atheologist: 3 Ward) [If death occurred in a hospital or institution.
6 - 0.	give Its NAME Instead
(Mmr 1)19	af street and number.]
FULL NAME CONTROL OF	f
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STNB15,	16 DATE OF DEATH
WHOOMED, M	(Month) (Day) (Year)
France Colord (Write the word amed	17 I HERSBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	gan 15-1912 to Athail 10113
Jan mknowi - 1830	11:010
(Month) (Day) (Year)	that I last saw half allve on fight
7 AGE If LESS than	and that death occurred on the date stated above, atm,
8 3 yrs. 3 mos. ds. 0Rmin.?	The CAUSE OF DEATH * Was as yollows.
6 OCCUPATION	Jen Ling
(a) Trade, profession, or	Affin
particular kind of work	Je Man Min
(b) General nature of Industry, business, or establishment to	Several (Duration) // yrs. mos. ds.
which employed (or employer)	monino
State or country)	(Secondary)
University 161a	(Duration)
10 NAME OF FATHER PINTO	(Signed) Pilon Pilon No
Louis Jemings	10 16 171
11 BIRTHPLACE OF FATHER PARTY	11. 191.3. (Address) 7 maps 47 M
State or country) Chesterfield mo	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
A 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a fran Johnson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER POLITICAL PLANTS	At place In the
(State or country) Thesterfield, Ind	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Maggie a. Parker	Former or
(70 C.70 1 2 8 C	usual residence
(Address) A afherdral of-i	DATE OF BURIAL
16 man of	07 - 14 (ango Caml - 7 15 1913.
Filed (186 /4 , 1913 / 4 /7/Ch	20 UNDERTAKER ADDRESS
REGISTRAR	E. 7.18. Tarker & Son 92 WEST 81-
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cbildbirth or miscarriage, as "Puerperal schtichacaffection need not be stated unless important. valvular heart disease; Chronic interstitial ncphritis sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: nant ncopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:



No. 1. **8**2

m ż

-Every Item of information abould be carefully aupplied. AGE abould be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terma, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

4590

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

01

		Registered No. 2.
V	illage or City firemulship (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased from
6 [(Month) (Day) (Year)	that I last saw h m alive on april 9 ,1913
7 A	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a pu	CCUPATION (1) Trade, profession, or farms Caloria articular kind of work (2) Beneral nature of industry, siness, or establishment in nich employed (or employer) (1) RTHPLACE State or country)	Contributory Extraction (Secondary) (Ouration) Tyrs. mos. 5 ds
RENTS	10 NAME OF ALLE Sastire 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME	(Signed)
PA	OF MOTHER Sara Scrubert 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
15 F	(Address). Hed April 14, 191. 3. A Hyperric REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Previolity My 20 UNDERTAKER PLA 9 Morrel ADDRESS ARREVIOLE ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second · (a) Spinner, Grocery; (a) Foreman, (b) Automobile factory. statement. applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) For many occupations a single-word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, As examples: For persons (0)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of cause of death—Name, first, the disease cause to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pheumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Medsles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATH'S State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "At-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... sepsis, of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING 7. S. No. 1.

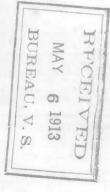
Vittage or Gity Boot Slephel: 195	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2 4 [It death occurred to a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Prale White Single, Marries, Wisowes, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw home alive on Afficial 20, 1913.
3 3 yrs. X mos. 5 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind et work. (b) General nature et industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Many Land 10 NAME OF FATHER M. S.	(Signed) (Si
11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place le the of death
(Informant) INV : HOUNT AND PROPERTY OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or osual residence
(Address) All Jan Harman Registrar	Uslem Semilen Horis 24, 191 9 29 UNDERTAKER NOTE: STATE OF BURIAL DATE/OF BURIAL DATE/OF BURIAL DATE/OF BURIAL ADDRESS ADDRESS MONTH SOME SOME STATE ADDRESS
more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaesepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

MARGIN RESERVED FOR

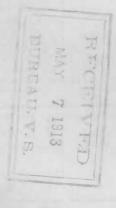
	PLACE OF DEATH 4592	STATE OF MARYLAND
60	ounty a a	CERTIFICATE OF DEATH
1		Registration Dist. No. 2/
V	Illage or City Cast pur (No. (No.	St.; Ward) [It death occurred is a hospital or institution
	A A	give its NAME instea
	FULL NAME fames	Areenan of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 8		16 DATE OF DEATH Opril 97d 1013
19	Male White WIDOWED Married	(Month) (Day) (Year)
6 D	ATE OF BIRTH	offil 7 4 1913, to april 2/28 1913
	Teby 22, 1840	that I last saw h (4 allye on april 214 3 94 1913
7 AC	(Month) (Day) (Yedr)	and that death occurred on the date stated above, at
	By 5 5 1 day,hrs.	The CAUSE OF DEATH * was as follows:
80	CCUPATION S MOS. OR	Plant of the total
(a)	Trade, profession, or Laboreg	toward ougus with egette
(b)	General nature of Industry,	Arminated by Superline
	iness, or establishment in ich employed (or employer)	(Ouration) yrsmosds
9 BI	(RTHPLACE tate or country) O O C 211.	Gontributory (Secondary)
	10 NAME OF C	(Duration) yrs mos ds
	FATHER GLORGE Treesmen	(Signed) , M. D
ENTS	11 BIRTHPLACE OFFATHER (State or country) & A Co Ma	191 (Address) Caryron W.S.
ZEN	12 MAIDEN NAME B	*State the DISEASE CAUSING DEATH, or In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PARI	OF MOTHER Clinabelle Weldon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERSE
	13 BIRTHPLACE OF MOTHER (State or country) a Ca Co Ma	At place in the
14-		ot death yrs mos ds. State yrs mos ds. Where was disease contracted,
	n1.1 6.1 9 42000001 -	If not at place of death?
	(Informant) A Company	usual residenca
	(Address) Surper U U Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	ahl 24 mg Melel	Ledar Bluff Uff 2 1, 1913
Fi	REGISTRAR	as I Jaylor Sons Churapolis
	more blanks are needed, address State Regis trar, 6	Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thime and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid gneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scotichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ample: Measics (disease causing death), 29 ture of the American Medical Association.) schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .. "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples: 01



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

W. B. No. 1.

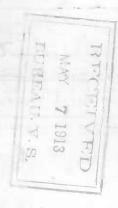
	STATE OF MARYLAND
Gounty amazundel	CERTIFICATE OF DEATH
01101	Registration Dist. No. 2/
Village or City amp Parole (No.	St.; Ward) [If death occurred a hospital or lostitut
* FULL NAME BEatrice Hall	give its NAME Inst of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemals Color OR RACE SINGLE, MARHIEU, Single (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH (1911)	April 19 1913, to April 2/4, 191.
7 AGE (Month) (Day) (Year)	that I last saw h last alive on A hart 2 2 191
1 day hre	and that death occurred on the date stated above, at
yrs. 5 mos. /3 ds. OR min. ?	The a star
OCCUPATION (a) Trade, profession, or	
particular kind of work	several agg
business, or establishment in	(Duration) yrs. mos.
*BIRTHPLACE (State or country) Gole f To O-O-Can	Contributory Cafullary
	(Conundam)
(State or country) Igleharlo U-U-Co	
10 NAME OF A	Brown (Duration) yrs mos mos
10 NAME OF LOSZIA Hall.	(Signed) Practice, M.
10 NAME OF Joseph Hall.	(Signed)
10 NAME OF FATHER JOSZIA Hall. 11 BIRTHPLAGE OF FATHER (State or country) I School a-a-comd 12 MAIDEN NAME OF REPLICATION	(Signed)
10 NAME OF FATHER LOOSER Hall. 11 BIRTHPLACE OF FATHER (State or country) I glichart a-a-comit of Mother	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed)
10 NAME OF FATHER Joseph Hall. 11 BIRTHPLACE OF MOTHER Offa BEHERS. 12 MAIDEN NAME OF MOTHER Offa BEHERS. 13 BIRTHPLACE OF MOTHER (State or country) Chesterfield aa-Co- (State or country) Chesterfield ma.	(Signed)
11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
11 BIRTHPLACE (State or country) I Scharl a - a - comd 12 MAIDEN NAME OF MOTHER CHARLES A - Comd 13 BIRTHPLACE OF MOTHER CHARLES A - Common Mother (State or country) Chesterfuld a - common Mother (Informant) Can be a complete that	(Signed)
10 NAME OF FATHER JOSZIA Hall. 11 BIRTHPLACE (State or country) I Scharl a-a-comd 12 MAIDEN NAME OF MOTHER Colla BEFFERS. 13 BIRTHPLACE OF MOTHER (State or country) Chesterfield aa-co- (State or country) Chesterfield aa-co- (Informant) Clause To the BEST OF MY KNOWLEDGE (Informant) Camp Tarols, Make	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, M. **State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, M. **State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, M. **State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, M. **State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, M. **State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State VIOLENT CAUSES, STATE CAUSES, STATE CAUSES, STATE CAUSES, STATE CAUSES, M. **State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, M. **State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, STATE
11 BIRTHPLACE (State or country) That BETTER 12 MAIDEN NAME OF MOTHER (State or country) Oresterfield 13 BIRTHPLACE OF MOTHER (State or country) Oresterfield 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Camp 1 arrols, Make	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal. **Is Length of Residence (for Hospitals, Institutions, Transient or Recent Residents) At place in the of death yrs. mos. ds. State yrs, mos. d Where was disease contracted, if not at place of death? Former or usual residence.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers neation, as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age tion is very important, so that the relative realthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report



No. ĝ

1 PLACE OF DEATH 4594	STATE OF MARYLAND
County Alux Arund	CERTIFICATE OF DEATH Registration Dist, No.
Village or City Begundo (No. ,	St.; Ward) [If death occurred a hospital or instituting give its NAME institutions of the control of the contro
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewele Color or RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH 25- 25- 1917 (Month) (Day) (Year)
Month (Day) (Year)	for the posts Eight year 191 that I last saw here alive on April 23, 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Janque mak it appearant 2 where print death (Duration) Dough Kimoros Contributory Influence
9 BIRTHPLACE (State or country) Washington, DC. 10 NAME OF FATHER Peter—Change 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) Olace (Buration) yrs mos. (Signed) Olace (Buration) yrs mos. April 25 1915 (Address) Lokel Ruin M.
OF FATHER (State or country) Washington DC. 12 MAIDEN NAME OF MOTHER Annie Provon 13 BIRTHPLACE OF MOTHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
(Informant) Shy Birdley	of death yrs. mos. ds. State yrs. mos. Where was disease contracted, If not at place of death? Former or usual residence.
File Part 1913 Medan Baword Pub	Daws Chapel Goi 27, 1943 20 UNDERTAKER DE O Welch DE O Welch

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

statement. Never return "Laborer," "Foreman, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (rettred 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative keaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menunonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

chlidbirth or miscarriage, as "Purremenal septichae mia," "PUERPEBAL peritonitis," mus," "Old Age," "Shock." genital," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Taemia," "Weakness," etc. State cause for (name origin; "Can-Examples: For vio-



No.

ò

N. B.

1 PLACE OF DEATH

4595	CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 2/
Village or City Chrisapolis (No. 8)	fersor St.; S Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Holor OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last sow how alive on Still Born 1917.
7 AGE If LESS than f day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	fact about 6 months
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory (Ouration) yrs
State or country) Annapolis Md.	(Secondary) (Ourstion) yrs. mos. ds.
10 NAME OF Colward Hug	(Signed) S. S. H. D. M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Puth Word	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Aurapoles Md	At place In the of death yrs, mos, ds. State yrs, mos, ds
(informant) Codward Ary	Where was disease contracted, if not at place of death? Former or
(Address) Cumapolio Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 1 , 1913 Mugnielal REGISTRAR	20 UNDERTAKER ADDRESS Amapolio

If more blanks are needed, address State Regis trar, 6 B. Franklin St., Baito., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples: For persons (g)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPEBAL pcritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." ture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purrement schilchae-"Kart failure," "Haemorrhage," "Inanition," "Marus genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," Traemia," "Weakness," (name origin; "Can-"Exhaustion," Examples:



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

Village or City McKenetrae (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARRIED, MODWED, ORDIVERCED ORDIVERCED ORDIVERCED Write the word)	MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw h
TAGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Frade, profession, or particular kied of work. (b) General nature of Industry, business, or establishment to	and that death occurred on the date stated above, at
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory (Secondary) (Quration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FALTHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Richard Jones (Address) McKendrel, Ind. 15 Filed April 26, 191 3 Afferrie Filed	If not at place of death? Former or Bruai residence. 19 PLACE OF BURIAL OR REMOVAL Confary Chafel Cemeter April 27, 191. 3 20 UNDERTAKER W. O. Wilely Printly St. Balto Proventing V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

ness. statement. material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of agecated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfuibeen changed or given up on account of the DISEASE mine, etc. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., mere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 da.; For VIO-



1	Commendation 4597	CERTIFICATE OF DEATH		
Co	ounty	Registration Dist. No. 2/		
Vi	Illage or City 3 Destrui Brown Wood	to North Severy St.; Ward) [It death occurred in a hospital or institution,		
	Ensie Julians	give its NAME Instead of street and number.]		
	2FULL NAME 4 2500	X		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
358	enale Colored Single, Married Wiboweo, ORDIVORCED (Write the word)	(Month) (Day) (Year)		
6 0	ATE OF BIRTH	HEREBY CERTIFY, That attended deceased from		
	(Month) (Day) (Year)	that I last saw her allve on april 24, 1913		
7 A C	1 1500 A	and that death occurred on the date stated above, at 10.45 fm,		
	67 yrs mos 3 ds. ORmin. ?	The CAUSE OF DEATH * was as follows:		
	CCUPATION () Trade, protession, or	Milva Regurfelation		
par	rticular kind of work			
	General nature of Industry, iness, or establishment in	(Quration) — yrs. 6 mos. — ds.		
whi	ch employed (or employer)	Contributory Acarl failure		
Secondary) Secondary) Secondary)		Morning		
	10 NAME OF Serginar Nickols	(Signed) Charles Harris M. D.		
TS	11 BIRTHPLACE OF FATHER	4. 26 , 191 3. (Address) Murapoles the		
AREN	(State or country) // ary rand	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
4	OF MOTHER Packel Why Son	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
	OF MOTHER Mary land	at place from 13 mos. In the from 13 mos. ds. State yrs. mos. ds.		
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at Aezelecce It not at place of death?		
	(Informant, David Johnson	Former or usual residence.		
	(Address). a Alko, Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15	as 27 a Someweld	29 gn DERTAKER, ADDRESS		
Fi	led 70 REGISTRAR	Yas & Jaylor Sons anapolis		
	more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

STATE OF MARVIAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerpural septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of ... "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent is less definite; avoid use of "Tumor" for mails; Always qualify all diseases resulting from "Seniie," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-The nature of the Examples:



N. B.

1 PLACE OF DEATH

County amanundel 4098 Village or City annafishis (No. 121	South St.; 8. Ward) CERTIFICATE OF DEATH Registration Dist. No. 2/ [If death occurred in a hospital or institution, give its NAME instead
FULL NAME PEarl Johnson	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure & Color or RACE 5 single, MARRISO, WHOMES, Jungle (Write the word)	16 DATE OF DEATH April 13, 1913 (Month) (Day) (Year)
6 DATE OF BIRTH Jeb 20 1911 (Month) (Day) (Year)	that I last saw her alive on Africe 12, 1913.
7 AGE 2 11 LESS than 1 day,	and that death occurred on the date stated above, at 3.30 A m; The CAOSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Sachro Interiti
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. whys
9 BIRTHPLACE (State or country) armafolis Ind.	(Secondary) Goration yrs mos ds.
11 NAME OF FATHER Baac Johnson	(Signed) Antone fatta, M. D.
T BIRTHPLACE OF FATHER (State or country) amafolis M 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother adella Thelis 13 BIRTHPLACE OF MOTHER OF MOTH	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, if not at place of death?
(Informant) CMM & Thelps (Address) 121 South fl	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Opl 14, 1913 Arms Welch REGISTRAR	Brewerhill Cent- 4 14 , 1913. 20 UNDERTAKER 8 H B C for 99 WGST C
	E. H. 13, Yarker 2, Son 12 WEST S r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

3 fication, as Day laborer, Farm laborer, Laborer-Coal duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of theath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Caroin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purrement septieharcause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chromic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:



state Very

PHYSICIANS

classifled.

proper

may

that

certificate.

supplied. pe

should

Information

Jo.

piain

2

DEATH

9

Every

ż

mportant.

Instructions

RECORD

PERMANENT

4

Z

UNFADING

HLIM

9 pinous PATION

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No ... fif death occurred in St:Ward) a hospital or institution. give its NAME instead ot street and number. I MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) (Month) (Write the word) I HEREBY CERTIFY, That dettended deceased from (Day) (Month) (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) yrs. mas. which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ., 191.3. (Address). ENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos. ... Where was diseasa contracted, KNOWLEDGE It not at place of death? -Former or (Informant) usual residenca. OR REMOVAL DATE OF BURIAL ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6. E. Franklin St./Balto, Requesting V. S/No. 1.

E. TIPED, M.C.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age been changed or given up on account of the disease Scrvunt. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal For many occupations a single word or term on the mine, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thin and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid denumenta"); Lobar pheumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, ctc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Annemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malle-"Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples: ds.; OI

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before, the certificate is permanently filed.

MAY 6 1918
BUREAU, V.S.

N. B.-Every item of information should be carefully supplied. AGE ahould be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Important. See instructions on back of certificate.

	1 PLACE OF DEATH 4600	STATE OF MARYLAND	
		CERTIFICATE OF DEATH	
Co	ounty Clima Cuma a	Registered No. 26	
	tore 1/h	[it doa'th occurred in	
V	illage or City Menuslup (No	St; Ward) a hospital or institution,	
	CATA (give ils NAME instoad of stroet and numbor.]	
	2: FULL NAME YOU BOW	UKO	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 S E	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH. This 16	
L	WIDOWED.	(Month) (Day) (Year)	
1	emale Calored (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
6 D	ATE OF BIRTH	They not 191 of her , 191 ,	
	(Month) (Day) (Year)	that I last saw halive on	
7 A		and that death occurred on the date stated above, atm,	
	1 ua),	The CAUSE OF DEATH* was as follows:	
8 -	yrs. mos. ds. ORmin. ?	Prematine Birth	
_	Trado, profossion, or	Early in 7th mouth	
	rticular kind of work		
	Goneral nature of industry, inoss, or establishment in	(Duration) yrs. mos. ds.	
whi	ich employed (or omployer)	Contributory	
(S	RTHPLACE tate or country)	(Secondary)	
		(Duration) yrs. mos. ds.	
	10 NAME OF FATHER SALES SALES	(Signed) Complois Wilson, M. O.	
S	11 BIRTHPLACE	apr 16, 1913 (Address) from undo hip	
NTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF In deaths from Violen	
A H	12 MAIDEN NAME	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PAREN	OF MOTHER KITCH MCKS	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE	OR REGENT RESIDENTS) At place In the	
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.	
		Whore was disease contracted, If not at place of death?	
(informant) Naclace James Former or		Former or	
	(IIII) HIZIT)	usual residence.	
	(Address) Herrius hufs	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15 0/1		Travorus, 1141, 191.2	
FII	80 yore 17, 1913 A.H. Verre	20 unprevanent Byrries by ADDRESS	
	Liver REGISTRAR	Wallow Jones Jewill. Mid.	
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Halto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. ness. been changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the Digease Causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Troup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Alample: Measles (disease causing death), affection need not be stated unless important. valvulur heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malts. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can-Examples: 29 da.;



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

Village or City Spa Cree	4601 x, 2 ^d dish	STATE OF I CERTIFICATE Registration St.;	OF DEATH Dist. No. 2/ [it death occurred is a hospital or institution give its NAME instead
2 FULL NAME TOB		Venchenglow	of street and number.]
PERSONAL AND STATISTICA		MEDICAL CERTIFICAT	E OF DEATH
Male While	SINGLE, MARRIED, WIDOWED, ORDIVORCED Write the word)	16 DATE OF DEATH (Mont	(243) (2641)
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST		Contributory (Secondary) State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITOR RECENT RESIDENTS) At place of death yrs. mos. ds. Sta	or, in deaths from Violent and (2) whether Accidentalists.
(Informant) Harry Kence	lunglow	If not at place of death? Former or usual residence.	
(Address) United 15 Filed apr 4, 1913 Mms	Polis Mg Welch REGISTRAR	March Cent 29 UNDERTAKER Jas & Lay la Sous	April 4 1913 ADDRESS
If more blanks are ne	edeu, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V.	8. No. 1. Zud

[Approved by U. S. Census and American Public Health Association.]

: statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: -Coal (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaeinjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is icss definite; avoid use of "Tumer" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can For VIO-



PLACE OF DEATH 4002	STATE OF MARYLAND CERTIFICATE OF DEATH	
County Change	Registered No. 2/	
Village or City Sunapolis (No. 5 2)	Man St; 2 Ward) Shity [It death occurred in a hospital or institution, give its NAME instead of street and comber.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Nale White (Write the word)	16 DATE OF DEATH Chil (Month) (Day) (Year)	
Month (Day) (Year)	meh 5 1913, to afric 11 th, 1913, that I last saw h Lun alive on a fail 11 1 1913.	
7 AGE If LESS than	and that death occurred on the date stated above, at 12 ×3 7m.	
3 3 yrs. mos. ds. ormin.?	The CAUSE OF DEATH* was as follows:	
(a) Trade, protession, or Store Meefer particular kind of work Store Meefer	Pleasury Turrentons	
(b) General nature of Industry, business, or establishment in	(Duration) yrs Box cs.	
which employed (or employer) BIRTHPLACE (State or country)	(Secondary)	
10 NAME OF FATHER Abrah an Lifshiling	(Signed) Charbures ds.	
H 11 BIRTHPLACE OF FATHER (State or country)	Chil 12, 1913. (Address) Assurpt Us My	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Volunt Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death yrs, mos, ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?	
(Informant)	Former or usual residence	
(Address) Tommer of the Marian of Burial Of REMOVAL DATE OF BURIAL		
Filed agel 12, 1913 Homes Welch	20 UN DERTAKER ADDRESS	
REGISTRAR	The difelio & Hopping 118 bathidre	
il more mante are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. (8. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death--Name, first, the disease causing death--Name, first, the disease causing death--Name, first, the disease causing disease accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fineumonia"); Lobar pneumonia; Bronchopneumonia for unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc.-Carcin-

cause of death approved by Committee on Nomencla. "Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichac etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



	and .
	Pin si
	sho
^	PAT
NE I	CIA
ECC	YSI
2	PH
Z	.Y.
M	aten
MA	EXA
ER	cd
Ω.	stat
A	he
5	assi
HIS	sho v
F	SE
4K	Pro
	led.
N.	пррі
AD	y SI
L	eful
>	oar o th
H	be.
3	uid
>	sho n te
Z	on
LA	mat
0.	TH
ITE	of Ir
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	ry Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a ISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
	Ite
	SX

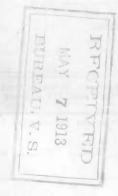
STATE OF MARYLAND 4603 CERTIFICATE OF DEATH Gounty. Registration Dist. No... Ilf death occurred to a hospital or institution. give its NAME jostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from mar 8 DATE OF BIRTH (Day) (Year)/ (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR mio. ? BOCCUPATION (a) Frade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory..... certificate. 9 BIRTHPLACE (Secondary) (State or country) (Deration) 10 NAME OF FATHER (Signed)..... ō 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. ___ ds. Where was disease contracted. MY KNOWLEDGE If not at place of death?-Former or (Informant) ... usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15, 191.3 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of dent; Revelver-wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., oI .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for



No. σĝ

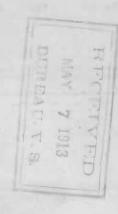
1 PLAGE OF DEATH 4604	STATE OF MARYLAND CERTIFICATE OF DEATH
County Kune Klundel	Registration Dist, No. 21
VIII OF CITY Runapolis (No. Emerge 2 FULL NAME Everett P.	and the state of t
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Of 2 2 4 , 1913 (Month) (Day) (Year) 17 ! HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	afuf 10, 191 3 to of 12 4, 191 3 that I last saw him allve on Fuf 24, 191 3
AGE 11 LESS than 1 day,hrs. ORmin.? 3 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 970 pm. The CAUSE OF DEATH* was as follows: Shock as result 2 injurie received in Collishors automobile and Motor types (Duration) yrs. mos 14.ds.
PBIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF FATHER 98. 9. Meredith 11 BIRTHPLACE OF FATHER (State or country) 2/a 12 MAIDEN NAME 9 OF MOTHER 9	(Signed) Wallow 14 York , M. D. Grif 23, 1913 (Address) Gurafiles From Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant), Larey J. Meredith	if not at place of death? Former or usual residence
(Address) Currapolis My 16 Filed Phil 25, 1913 Amsmelch BEGISTRAR	Urbanna Va apr 25, 191.
It more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite satary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer--('oal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necstatement. (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerpeeal scptichaecause. Aiways qualify all diseases resulting from ture of the American Medical Association.) "Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convultions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Meastes; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN W. S. No. 1.

PLACE OF DEATH 4605	STATE OF MARYLAND
County a. a. les	CERTIFICATE OF DEATH
County C. C.	Parliate Visit No. 2/
1	Registration Dist. No.
Village or City limapolis Red (No. 14,	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Dlorge Ed	ward Miller of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH THE STATE OF NO.
male Colored (whower, or plus of the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREN GERTIFY, That Lattended decased from
Unknown 1900	March 5, 1913, to 17/12 2 1913
(Month) (Day) (Year)	that I last saw h Manalive on The L. 2 10 1913
⁷ AGE If LESS than	and that death occurred on the date stated above, at
3 yrs. — mos. — ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	To the Of
(a) Trade, profession, or	songen a serving
particular kind of work. (b) Genoral nature of industry.	shines Buth
business, or establishment in	(Duration) yrs mos ds.
which employed (or employer)	
9 BIRTHPLACE (State or country) west Pover Mid	(Secondary) (Secondary) (Duration) (Duration) (Duration)
10 NAME OF Cossure. Miller	(Signed). Polyn Rights 6, M. D.
11 BIRTHPLACE	A. T. J. 191 3 (Address) 191 (Address)
Z OF FATHER (State or country) West Rue 12 Maiden Name of Mother D.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF LOCAL COLUMN (1) WHET ACCIDENTAL COLUMN (1) WHET ACCIDENT
T 12 MAIDEN NAME A OF MOTHER A	TAL, SUICIDAL, OF HOMICIDAL.
a Vellecta Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) west River hu	At place In the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Rollers Barries	If not at place of death?
(Informant)	usual residence.
(Address) 14 Obrum alley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Charles and Ol	Brew Hill to to Afril 4, 1913
Filed apl 4, 1913 monsteh	20 UNDERTAKER ADDRESS
REGISTRAR	Wellen + Blugess 32. n. W. St
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborercated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons -Coal (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Decumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, periionaeum, etc.. Carcin-

which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purpersal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As zer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



PLACE OF DEATH	4606/1	STATE OF MA	
County amarundel	1000	CERTIFICATE (OF DEATH
County	10,	Registration D	ist. No.
Village or City annafiolis	(No.	aca st: 3. War	fit death are send to
* PULL NAME DErbi	de Miller		of street and number.]
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
Jemale Rolond Single, MARRIED, WHOWED, WHOWED, WHOWED, WHOWED,	Line Line	ATE OF DEATH AMMENTAL (Month)	7 (Day) , 1913 (Year)
8 DATE OF BIRTH	e World 15 June 17	HEREBY CERTIFY, That	A TIPI 2.
A A (Mark) 99 (D)	ay /9 // (Year) that i	last saw her alive on	7 th 1912
7 AGE (Month) 27 (DE	14 1 FOO shor	hat death occurred on the date states	labove at 6 % m
/ yrs. 8 mas. 9	1 day bre	CAUSE OF DEATH* was as follows:	a south a transfer of the second seco
8 OCCUPATION			
(a) Trade, profession, or particular kind of work		dentiti	
(b) General nature of industry,	***************************************		
business, or establishment in which employed (or employer)	•	11 -	yrsds.
9 BIRTHPLACE (State or country) Amalolis	Ind.	Secondary) (Ogration)	VIS DOS de
10 NAME OF John Hanry	Miller (Signed) John Rio	lonto N.D.
State or country) Margorio	2-a- Co-ma	State the DISEASE CAUSING DEATH, or, ISBS, State (1) MEANS OF INJURY; an	in deaths from VIOLENT
of Mother &	TAL	, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OUT	OR	NGTH OF RESIDENCE (FOR HOSPITALS RECENT RESIDENTS)	Institutions, Transients,
(State or country) Margrel	1000	th yrs mos ds. State	yrs, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY K		was disease contracted, at place of death?	
(Informant) John Henry D	aller Former	r or residence	
(Address) - Gaca S		ACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Ala homen	129	(alvery Church (Em)	1 1 1 1 191 3
Filed 046 8 , 1913 41 5 /1	REGISTRAR CON	H B Perhanger Son.	92 West SY

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the niseasm Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrpural septichacinjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH	607	STATE OF MARYLAND
County a. a.		CERTIFICATE OF DEATH
Village or City & ast Bro	rhlyn	Registered No. 2 St; Ward
2 FULL NAME John	n O	Yval give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Male White Single, MARRIED. WHOMED, ORDINATE (Write the	word)	16 DATE OF DEATH Month) Month) (Day) (Year) 17 I HEREBY CERTIFY, That attended deceased from
8 DATE OF BIRTH (Month) (Day	, 1.//7	apr. 1 1913 to apr 3 1913
7 AGE	it LESS than 1 day,hrs ds. ORmin.?	and that death occurred on the date stated above, at 10 P. m.
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	US. UR	achte Tastro Enferted
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Ay anyla	nd	Contributory Chronic Ludages (Secondary)
11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	Vovale	(Signed) William, Defe M. M. D. Chy. 4, 191 3 (Address) Crutic Bay, M. G. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	any	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Informant) (Informant)	owledge ovale	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Sast Ands	for ms	Holy Cross, ADDRESS,
	REGISTRAR	William Frallowski 16/8. Eastern
more hlanks are needed, address s	State Registrar,	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retlred from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a). Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

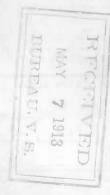
County County 4608	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Castport (No. 284)	Registration Dist. No. Severn Ove St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
OLC 12 1892 (Month) (Day) (Year) AGE If LESS than	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
20 yrs. 1 ds. or min.?	and that death occurred on the date stated above, at 3.30 Am, The CAUSE OF DEATH* was as follows:
particular kind of work (b) Genoral nature of Industry, business, or establishment in which employed (or employer) PERTHPLACE (State or country) 10 NAME OF	Contributory Heart Failure (Sefondary) (Segondary) (Duration)
FATHER Denyman Solmond 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place from mos. ds. State yrs, mos. ds. Where was disease contracted,
(Informant) Lellie Turriers (Address) Cast port a CMg 15 Filed Opl 14, 1913 Ar Smlol REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ont OUNDERTAKER Samus Soylor. Sons One of the state of surial ADDRESS Carrier of the state of surial ADDRESS Carrier of the state of surial ADDRESS Carrier of the state of surial Cont Cont
If more blanks are needed, address State Begistrar	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease already the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sucb, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can The nature of the "Exhaustion," Never report Examples:



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

PLACE OF DEATH 4609	STATE OF MARYLAND
00	CERTIFICATE OF DEATH
County .	Registration Dist. No. 21
Village or City St. Margarets (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME Margaret Tor	ef stroet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored 5 single, Married, Dingle, Wisowed, Orbiverces (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Opn 7 1913	
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, er particular kind of work. (b) Goneral nature of Industry, business, or establishment in which omployed (or employer)	malnutrition he physician in attendance artificite signaturation of this most tools.
9 BIRTHPLACE (State or country) St. Margarets aalo, Mid	(Secondary) (Ouration) yrs mos ds.
10 NAME OF FATHER POSSERS PORCEY	(Signed) Walton & Hopkins, M. D.
OF FATHER (State or country) St. Margarets allo.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) a, a, co. md	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted.
(Informant) Charles Thomas	If not at place of death?————————————————————————————————————
(Address) St. Margarets a.a.Co, Md	Broad Neck Date of Burial May 1913
Filed May / ,1913 My Welch REGISTRAR	Las & Laylor Sous Quinapolis mo
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public, Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b) Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Mcasles (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PURRPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:



PERMANENT

CSICIANS should OCCUPATION IS

PHYSICIANS

statement

classified.

properly

be

may

ō

CK

ba

CO

Instructions

mportant. Every

Information pial

of infor

item OF

m z terms,

b

Ö

supplied

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... lif death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR BACE MARRIEO, WIOOWED. (Dav) ORDIVORCED (Write the word) I HEREBY CERTIFY. That f attended deceased from 17 8 DATE OF BIRTH . 191 to that I last saw h....allve on (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? mos. ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory.... 9 BIRTHPLACE (State or country (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 0 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs, mos, ds (State or country) Where was disease contracted. if not at place of death?. Former or usual residence. 15 ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

. "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the DIREABE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEHAL peritonitis," etc. childbirth or miscarriage. as "Purpural scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For vio-



	ORD	SICIANS should state	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
V. S. No. 1.		N. B.—Every its CAUSE	

PLACE OF DEATH 4611	STATE OF MARYLAND
County Anne Arundel	CERTIFICATE OF DEATH
C	Registration Dist. No. 23
Village or City Plan Shipley (No	Pumpfire St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
BEEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWS OR ORDIVORCED (Write the word)	16 DATE OF DEATH April 24 , 1913 (Month) (Day) (Year)
GDATE OF BIRTH (Month) (Day) (Year)	Afril 20, 1913 to April 20, 1913, that I last saw her alive on April 20, 1913
7 AGE 1 t LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.	Honor hage from holings
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos os.
9 BIRTHPLACE (State or country) Mary and	(Secondary) (Suration) (Suration) (Suration)
10 NAME OF Unknown	(Signed) to R Minderson M. M. D.
11 BIRTHPLACE OF FATHER (State or country) W 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE (Informant) Opening Meyers	Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Hanover Ma Cotos Filed April 279,3 & R Mondersons REGISTMAN &	DATE OF BURIAL OR REMOVAL DATE OF BURIAL PRINCE Branch ADDRESS RADDRESS RADDRESS RADDRESS
It more blanks are needed, address State Regis trar, 6	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons "Foreman,

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SCICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puzzperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Wcakness," "Collapse." "Coma," thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Convulzions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: FOF VIO-



W. S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 4612	STATE OF MARYLAND
Country Fune fruidel	CERTIFICATE OF DEATH
In the second	Registration Dist. No.
Village or City Mc Ludrel (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME losted of street and number.]
FULL NAME Jasherus	Jauo acc.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ODATE OF BIRTH Careh 6 1913	not alleusers to by physiceones.
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
e occupation (a) Frade, profession, or particular kind at work	Congenital wrokness
(b) Geoeral nature of Industry, business, or establishment in which employed (or employer)	(Duration) O yrs. / mos. 6 ds.
9 BIRTHPLACE (State or country) Md	Contributory (Secondary) (Deration) yrs mes ds.
10 NAME OF EURON Randale	(Signed) Thereis N. D.
D 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Nelly Hall	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Interment) The Best of My Knowledge	It not at place of death?
(Address) Melandree Ind.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15 Filed Ofer. 12,1913 Att Perrie	20 UNDONTAKER bried by ADDRESS ADDRESS
If more blanks are needed, address State Registra	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalism of lungs, meninges, peritonaeum, etc...

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." by carbolic acid—probably suicide. The nature of the "Collapse." "Coma," "Convuisions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-For VIO-



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN S. No. 1.

village or City of Balto. (No. 611)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME iostead
*FULL NAME Marie Ra	sha of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, Married Widowere (Write the word)	16 DATE OF DEATH (Morth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on
7 AGE 11 LESS than t day,hrs. ORmio.?	and that death occurred on the date stated above, at
(a) Frade, profession, or particular kind of work. (b) Constal patters at Industry.	Faralysis Defeart
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Child by the
State or country) Bohem a	(Secondary) (Duration) (Secondary) (Duration) (Secondary)
10 NAME OF FATHER Joseph Drorals	(Signed) The "Du Horyon, M.D.
OF FATHER (State or country) B Men A	*State the DISEASE CAUSING DEATH, or, TITLE BAY PRINT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
of Mother Anoun	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds.
(Interment) (Interment) (Interment)	Where was disease contracted, It not at place of death? Former or usual residence
(Address) 6! Junetes a	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Apr 3=, 1913 The Backerson ma	20 UNDERTAKER ADDRESS 1904 Cybland (1
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"... "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," __ (name origin; "Can-State cause for "Exhaustion," Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

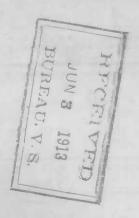
1 p	LAGE OF DEATH	4614	STATE OF MAR CERTIFICATE OF	
			Registration Dist	. No. 22
Village or	City Deletter	(No,	St.;Ward)	[It death occurred in a hospital or institution give Its NAME Instea
²Fi	JLL NAME Hary	Ff. Keds	ulls	ot street and number.]
PEI	RSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Ferral	MA WI	RRIED, Milowed, DOWED, DIVORCED ite the word)	16 DATE OF DEATH (Month)	14, 191 3 (Day) (Year)
6 DATE OF B	11111111	g :	17 I HEREBY CERTIFY, That I a	
	March.	1, 1845	1917, to Cla	1913
	(Month)	(Day) (Year)	that I last saw h.ln. alive on	il 13 ,191.73
AGE		It JESS than	and that death occurred on the date stated al	bove, at 12: m
	68 yrs. / mos.	8 ds. ORmin.?	The CAUSE OF DEATH * was as follows:	
BOCCUPATION	ON		Cara	111
(a) Trade, prote	ssion, or House unfa	setued		uurus ,
(b) General nat business, or e	U	ara	(Ouration) 2	yrs. mos, ds
9 BIRTHPLAC (State or co		Thol	Contributory (Secondary) (Duration)	Wre moe de
10 NAM	e of John Too	vinan	(Signed) Am Memar	, M. D.
Stat	FATHER (a. C.	w. Tud	*State the DISEASE CAUSING DEATH, or, In	deaths from VIOLENT
C 12 MAID	EN NAME Elenon	Tumblerey	CAUSES, State (1) MEANS OF INJURY; and (TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. IN OR RECENT RESIDENTS)	
13 BIRTI OF M (State	OTHER OF COUNTRY! A, A,	les. Fredh	At place in the ot death yrs mos ds. State	1
14THE ABOV	E IS TRUE TO THE BEST OF	MYKNOWLEDGE	Where was disease contracted, It not at place of death?	
(Intormant).	John My	Suman	Former or usual residence.	
(Addre	ssy vuindon	Mus		DATE OF BURIAL
Flied Ma	729,1913 Holie	lay a Show	30 UNDERTAKER	Address Falto Med
(7	I more blanks are needed, ac	dress State Regls trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman." If the occupation has Farmer or Planter, As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," anqualified, is indefinite); Tudercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purrement septichaectc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Candeath), 29 ds.: State cause for Examples:



U	
Ž	
=	
۵	
7	
_	
OZZ	
m	
FOR	
2	
ш	
_	
u	
M	
>	
国 ス く	
lal .	
E S S	
l. I	
™	
Щ	
Z O C	
75	
2	
I	
Δ Σ	
5	
_	

S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

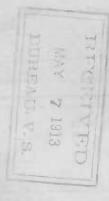
Village or City annapolis (No. 83)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ Market St.; 2 Ward) [It death occurred in a hospital or institution give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word) 6 DATE OF BIRTH LAMP 1453	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from May dead 191 4 follows 191
(Month) (Day) (Year) 7 AGE 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 30 A m The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Chunapolis Md	Contributory (Secondary)
10 NAME OF FATHER OF M. Meedows 11 BIRTHPLACE OF FATHER (State or country) A. Co. Md 12 MAIDEN NAME OF MINAR Highe 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Si
(State or country) Unapoles Ho. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Win J. Pobenson	of death
(Address) Unitaryous 114.	Gedar Bluf Cent April 10, 1913 20 UNDERTAKER Jas & Jaylor & Sons anapolis
If more blanks are needed, address State Regis trar, 6	6. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," childbirth or miscarriage, as "Puerperal scottehaeetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can-Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT No. 1. υż

BINDING

FOR

RESERVED

MARGIN

1 PLACE OF DEATH	4616	STATE OF MARYLAND CERTIFICATE OF DEATH	
County Line Lyun	del		_
Village or City Story	Clyn (No. 1)	Registered No	itution, instead
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S DATE OF BIRTH	CE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Office (Month) (Day) (Year Office 4th 1913, to office 4th 19	ar)
9 12 (Mo	nth) (Day) (Year)	that I last saw held alive on Afril 4th, 19	13.
POCCUPATION (a) Trade, profession, or	mos. / ds. If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at \$30.77. The CAUSE OF DEATH* was as follows:	⊋ ∡m,
particular kind of work	noll taling	Contributory Convulsions (Secondary) (Duration) — yrs — mos.	ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Dailer	Thomas he las	M D.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE	BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place In the of death	ents,
(Informant) And Market	Dalla	If not at place of death? Former or usual residence	
(Address) 99/10110	Las Affron REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Thurmush Brumen 20 UNDERTAKER MED JI HOWFUS 10 DATE OF BURIAL ADDRESS 11 DATE OF BURIAL ADDRESS 12 DATE OF BURIAL ADDRESS 13 DATE OF BURIAL ADDRESS 14 DATE OF BURIAL ADDRESS 15 DATE OF BURIAL ADDRESS 16 DATE OF BURIAL ADDRESS 17 DATE OF BURIAL ADDRESS 18 DATE	91 <u>3</u>
If more blanks are	needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJUSY and qualify as injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronio mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Meastes (disease causing "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

MAY 6 1913 BUREAU, v. S.

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
1	Character Clarendal -	CERTIFICATE OF DEATH
Co	unty control of the c	Registration Dist, No. 2/
Vi	llage or City Kownsville S	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME An Shep	pare
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Mule Gla OR RACE SHARE, MARRIED, MARALES OR OR DIVERSES, OR DIVERSES (Write the word)	16 DATE OF DEATH (North) (Day) (Year) 17 6 I HEREBY CERTIFY, That I attended deceased from
6 D/	ATE OF BIRTH CAA 15 4 576	Oct 237 1912 to april 9 1913
	(Month) (Day) (Year)	that I last saw h mallve on Office 9,1913
7 AG		and that death occurred on the date stated above, at
	3 8 yrs. × mos. 24 ds. ormin.?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or ticular kind of work Calvaner	general Juneses
(b)	General nature of industry,	andanain
	ness, or establishment in ch employed (or employer)	(Quration) yrsmos ds.
9 BI (St	RTHPLACE tate or country) Maryland	(Secondary) (Duration) (Duration) (Duration)
	10 NAME OF CLLY Theppare	(Signed) Pauro P. Montovood 3, M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PARENT	12 MAIDEN NAME Comme S. Simmes	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country)	At place ot death yrs. 5 mos. 7. ds. State yrs, mos vs
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, full known
	(Informant) - XO Sprial	Former or usual residence the combon Cambo
1.7	(Address) necords	Ousin hapel Hasford Co. My 7/1, 1913
15 Fil	led 10 1917 Park REGISTRAR	20 UNDERTAKER PROPERTY ADDRESS Slove Pennington Hore de Grou
	M more blanks are ne ded, address State Regis trar, 6	The state of the s

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('nal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Bealthful-Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin

dent; Revolver wound of haad-homicide; Potsoned such, if impossible to determine definitely. childbirth or miscarriage, as "Tuepperal septiehae. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJUST and qualify as "Hart failure," "Haemorrhage," "Inanition," "Mara" mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of . "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. "Old Age," "Shock," 'Traemia," "Wcakness," Aiways qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Examples: 01



W. S. No. 1.

state	
S should	Co
HYSICIAN F OCCUPA	
Y. Pl	
XACTI	The second
tated E Exact	6 DA
B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	7 AG
AGE sh properly	B oc (a) part (b)
upplied. may be	(b) busin whic
efully s hat it r srtiffcate	(Sta
be cal so the k of ce	S
Every item of information should be carefully s CAUSE OF DEATH in plain terms, so that it i mportant. See instructions on back of certificate	ARENTS
mation in plair	b
Infor	14 _T
oF D nt. Se	(1
Very H AUSE	15
B.—E	File

County Rine Rundel 4618	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City Sumantour (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIFO, WIDDIED, ORD MORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH April 26, 1913 Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 26, 1913, to April 26, 1913,
(Month) (Day) (Year)	that I last saw had alive on Off 20, 1913
TAGE It LESS than 1 day,hrs. ORmin.? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Q, Q, Co 10 NAME OF FATHER OF MOTHER OF MOTHER OF MOTHER	and that death occurred on the date stated above, at
13 BIRTHPLACE OF MOTHER (State or country) & a Co Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mcs. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Contracted and the state of th

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative Lealthfuiwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genitai," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purremeal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 affection need not be stated unless important. "Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of _ ture of the American Medicai Association.) The contributory Always qualify all diseases resulting from "Senfle," etc.), may be stated under the head (Recommendations on statement of (secondary or Intercurrent) "Dropsy," (name origin; "Can State cause for "Exhaustion," Examples:



.

yery		PLACE OF
44	C	ounty am
bluc si y	100	ounty
aho 10		
PAT	V	iliage or City
SICIANS	1	
145		FULL NAM
4.0	=	PERSONAL A
LY.	3 5 8	1.4
4CT tate	0	1 6
EX	0	Emale 4
ated EXACTLY. Exact statement	8 D	ATE OF BIRTH
stat		MA
Tied	7 00	// (CV)
classified.	A.	and a
sho y cl		0.3
AGE should be stated EXACTLY. properly classified. Exact statemen		CCUPATION Trade, profession, or
Pro	pa	rticular kind of work
lled.	bus	General nature of Industry iness, or establishment ch employed (or employer)
supp may te.	9 B	IRTHPLACE
Illy It	(8	tate or country)
that it certifica		10 NAME OF
be ca		FATHER
rms, a	TS	11 BIRTHPLACE OF FATHER
oulc term	H	(State or country)
rmation should b I in piain terms, tructions on back	PAR	12 MAIDEN NAME OF MOTHER
natio in pi uction		13 BIRTHPLACE
H f		OF MOTHER (State or country)
of Inford DEATH See Instr	147	HE ABOVE IS TRUE
item of it of DE ant. See		(Informant) Mas
Tan tan		(Address)
Every CAUS Import	15	(V) 1 -
C. In	Fil	ed 4668,1
6	111	

- Andrew	
PLACE OF DEATH 4619	STATE OF MARYLAND
Classe	CERTIFICATE OF DEATH
County Www.annael	Declaration Dist No. 211.
0 10. 9	Registration Dist. No.
Village or City Annafortio (No. 2)	HEldmuyer St; 3 (Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Edigebeth Smit	et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 BINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOW.	16 DATE OF DEATH MINE (Month) (Day) (Year)
Small (Volova (Write the word)	17 I HERETY CERTIFY, That attended decord from
S DATE OF BIRTH	Warch 8, 1913, to 07/11/11/13
March (Month) & (Day) (Year)	that I last saw h Lative on A Mile 7 1912
7 AGE If LESS than	and that death occurred on the date stated above, at 48 m.
1 day,hrs.	The CAUSE OF DEATH) was as follows:
BOCCUPATION Mos. X ds. QRm!n.?	Resalusion
(a) Trade, profession, or	0410017012
particular kind of work (b) General nature of Industry,	Seral weeks
business, or establishment in	(Duration) yrs mos vs.
which employed (or employer)	Contributory exhaustron
State or country) Canno lesting	(Secondary)
10 NAME OF PD NO 10 T	(Doration) yrs gos ds.
FATHER Charles Shorter	(Signed) M. D.
11 BIRTHPLACE	191.3 (Address) 7 191.3
Z (State or country) amalolio And	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Z (State or country) Umafiolio Ad. 12 MAIDEN NAME of MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Charly omith	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Omn afort's Md	At place In the
	of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Mass amely (alhours)	Former or usual residence
(Address) West St-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 (V) = Fares	Brewerhill (End 4 /1 1918
Filed Up 8 1913 A The Ch	20 UNDERTAKER ADDRESS (
REGISTRAR	CH.B. iarken, & Son 92 West St.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiffed, is indefinite); Tubercu-losts of lungs, meninges, peritonaeum, etc., Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purappeal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-"Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can State cause for Examples:



PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT DINDING Exact assified. 4 ס THIS Ü properly INK supplied. SERV UNFADING carefully su that it may f certificate. 0 50 ARGIN WITH terms, n back PLAINLY ATH in plain instructions ormation Ш of PO Item Important. CAUSE

10

state

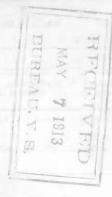
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. [If death occurred in Ward) a hospital or Institution. give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) vermany 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address OFFATHER (State or country) Z *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Z OF MOTHER 6 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ____ yrs. ___ ds. State _____ yrs ___ mos. Where was disease contracted. If not at place of death? Former or (Informant) usual residence DATE OF BURIAL 15 20 UNDERTAKE ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Bayto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekccpers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum,

injury, as fracture of skuii, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purrereal septichac-mia," "Purrereal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds. For VIO-



village or City South, Balto (No Curse)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution
FULL NAME Semon &	Process to give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF TEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVERCES (Write the word) 6 DATE OF BIRTH MUSICANON , 879	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended of assed from 1913, to Pr. 1913,
(Month) (Day) (Year) 7 AGE 11 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) Beneral nature of Industry, business, or establishment in which employed (or employer).	Fulmonany Taberculos (Duration 4 yrs 3 may 11 ss.
9 BIRTHPLACE (State or country) Galicia Cus tria	Contributory Kemorrhy Fungs (Secondary) (Duration) (Duration) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary)
10 NAME OF FATHER John Swirsgko 11 BIRTHPLACE OF FATHER (State or country) Salicia Austria 12 MAIDEN NAME OF MOTHER	(Signed) , M. D. A. C. A. C. A. C. C. A. C.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(informant) Stage Swissalso	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Curkes - Beach	Holy, Cross Date of Burial S
Filed. 77 1913 REGISTRAR REGISTRAR If more blanks are needed, address State Registra	William Flall work 1618. Castern r, 6 E. Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second -statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer Never (b) Cotton mill; (a) Salcsman, return (retired 6 yrs.). For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scottehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... uant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED V. S. No. 1.

PLACE OF DEATH 4622	STATE OF MARYLAND CERTIFICATE OF DEATH		
County	Registration Dist. No. 21		
Village or City Chmaholio (No	Paca St.; 3 Ward) [It death occurred in a hospital or lostitution.		
FULL NAME Mary Thon	give its NAME instead of street and number.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Jamals Color OR RACE MARRIED, Married (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from		
8 DATE OF BIRTH NOV 28 ,1890	that I last saw h & slive on Albert 97 7912		
(Month) (Day) (Year) 7 AGE It LESS than	and that death occurred on the date stated above, at		
22 yrs 5 mos. — ds. OR	The CAUSE OF DEATH* was as follows:		
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employed)	Several months. (Duration) yrs. mos. cs.		
which employed (or employer) *BIRTHPLACE (State or country) awarded a - a - a - a - a - a - a - a - a - a	Contributory Menna Exhaustin (Secondary) Sadnal (Beration) yrs mos ds.		
10 NAME OF Colifiah Brown	(Signed) John Ridont, M. O.		
OFFATHER (State or country) and a a - a - Co-	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
of MOTHER Jannie Woodard 13 BIRTHPLACE OF MOTHER (State or country) Avnold Q-Q-Ma)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mcs, ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Elifiah Brown	Where was disease contracted, It not at place of death? Former or		
(Address) arnolds md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ML Calvery Cent. 4 30 1913		
Filed Ope 28, 191 3 Amy Milch REGISTRAR	20 UNDERTAKER ADDRESS E. H. B. Parker & Son 92 WEST ST		
more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. 8. Census and American Public Health Association.]

material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may he indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. As examples: additional line is provided for the latter statement the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Lahorer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can he ascertained as the -H art failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or Intercurrent) tetanus) Always qualify all diseases resulting from may he stated under the head (Recommendations on statement of (name origin; "Can Examples:



state

PHYSICIANS should of OCCUPATION IS

statemen

classified.

properly

may

that

20

terms,

plain

드

EATH

ō a

Item OF

Every

pe

pinous

pinous

AGE

supplied. pe

RECORD

PERMANENT

STATE OF MARYLAND PLACE OF DEAT CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution, give its NAME instead of street and number. ? ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX MARRIED. WIDDWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: QR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State, or country) Contributory..... certificate. (Secondary) 10 NAME OF FATHER 0 back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ___ mos. __ State yrs, ____ mes. Where was disease contracted. See If not at place of death?. Former or usual residence. Important. 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Acation, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purappear septicharetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Mares affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: oma. Surcoma. etc., of ... ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic err is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples:



No. ŝ

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT AGE should be stated EXACTLY. 4 UNFADING INK-THIS carefully supplied. -Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. WRITE PLAINLY, WITH m. ż

Ço	PLAGE OF DEATH JUNE Grundel Shady Sidz (No. 2 FULL NAME Rith Washing	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26 St.; Ward) St.; Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BE	Male Black Saingle, MARAGED, Suigle (Write the word)	(Month) (Day) (Year) 17 A I HEREBY CERTIFY, That I attended deceased from
8 0/	Month (Day) (Year)	that I last saw h. LT allve on abrul 2 1,1913
7 A G	t LESS than 1 day, hrs.	and that death occurred on the date stated above, at 10 P. m. The CAUSE OF DEATH* was an follows:
(a)	Trade, profession, or child a wome	Turveulsis of the
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	Contributory (Duration) yrs. 6 mos. ds.
9 BI (St	RTHPLACE (ate or country) arme armele Co.M.	(Secondary)
	10 NAME OF GEORGE Washington	(Signed) toler Coboward M. O.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAF	12 MAIDEN NAME VILLE Anne Holland.	18 LENGTH OF RESIDENCE (FOR HORPITALS INSTITUTIONS TRANSPORTED
	of MOTHER (State or country) and and Co. M.	At place In the of death yrs mos ds. State yrs mos ds
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)		Former or usual residence.
15	(Address) toward side, www.	It Poul Cometenes Date of Burial
	ed AM. 24, 1913 Les. J. Dent M. LO. REGISTHAR	20 UNDERTAKER Lalbott Heat River 2

If more blanks are beeded, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise sp.clstatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At homc. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children. not mine, etc. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopncumonia losis of lungs, meninges, peritonaeum, etc.. "Croup"); prospinal meningitls"); fever (the only definite synonym is "Epidemic cerecausing praise (the primary affection with respect to ("Pneumonia," term for the same discase. Statement of cause of death-Name, first, the DISEASE and causation), using aiways the same accepted Tuphoid fever (never report "Typhoid unqualified, is indefinite); Tubercu-Diphtheria Examples: Cerebrospinal (avoid use of Carcin-

> cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. State cause for childhirth or miscarriage, as "I'unneral scotichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci--hart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of 'Traemia," "Weakness," (name origin; "Candeath), 29 de. Examples For vio



PERMANENT Ø O suppiled NFADING of DE

Very

10

PHYSICIANS should of OCCUPATION IS

classified.

properly

may

*** that

certificate.

5

back

6

instructions

mportant. Every II

terms

plain

ATH

Item PO

m ż

zô.

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St. Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED, DRDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. 8 OCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) in Columby Slove 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 2 12 MAIDEN NAME d OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, _.... mos. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or (interment) ATT. usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS more blanks are needed, address State Regis trar, 6

E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Jianager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "l'unembal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from "Senlie," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can-State cause for Examples: 20



Exact statement PERMANENT classified. pe pino properly pe supplied. UNFADING may certificat that it 10 terms, on back plain instructions nformation = EATH Jo A item OF mportant. Every

m

ż

state

should s

OCCUPATION

10

PHYSICIANS

RECORD

4626 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in a hospitat or institution. give its NAME Instead of street and number. ? ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO, 1913 WIDDWED, W. OR DIVDRCED (Write the word) ama (Month) (Day) (Year) RTIFY. That I attended decease () rom 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,hrs. OR min. ? SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State yrs. __ Where was disease contracted. If not at place of death?. Former or usuai residence OF BURIAL (Address) 15 20 UNDERTAK ADDRESS REGISTRAR

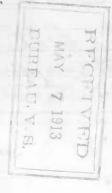
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

· statement. material worked on may form part of the second "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The duties of the household only (not paid Housekeepers it should be used only when needed. As examples: cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

scpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUTEPTEAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: oma. Surcoma. etc., of The contributory Always qualify all diseases resulting (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can Never report For vio-



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED FOR W. B. No. 1.

11		
	PLACE OF DEATH 4627	STATE OF MARYLAND
	Sounty (CERTIFICATE OF DEATH
	CA A	Registration Dist. No.
	Village or City Jally (No	St; Ward) [If death occurred to a hospital or institution give its NAME losteat
	FULL NAME Hellena j	Church of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	2 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 (I HEREA) CERTIFY, That I attended Speased from
6	DATE OF BIRTH March 2, 19/3	V Hor 6, 1913, to Apr 6 20, 1913.
7,	(Month) (Day) (Year) AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 8 4 m.
_	yrs ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
(DCCUPATION a) Frade, profession, or articular kind of work	morgestron
(t	General nature of industry,	Muknown
W	siness, or establishment in hich employed (or employer)	(Duration) yrs. mos. ds.
9 [State or country)	Contributory (Secondary)
	10 NAME OF FATHER Stampslew Diebon	(Signed) May By Worker, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARI	of Mother O 7 15 11 Cu	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country), I am	At place in the of death yrs mos ds. State yrs mos ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place ot death?————————————————————————————————————
	So. Baltimore Sta., (Address) Curtis Bay, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 F	18d Apr 8=, 1913 ThouBIC North MAD REGISTRATE	20 UNDERTAKER ADDRESS 499 SAN
	If more blanks are needed, address State Registrar	; 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid—probably suicide. such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purarenal septiehaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Kart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of The contributory tetanus) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples: For VIO-

